

*Graham*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <div style="display: flex; justify-content: space-between;"> <span><i>x S. Brown</i></span> <span><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> </div> </p> <p>B. Received by (Printed Name)  <i>S. BROWN</i></p> <p>C. Date of Delivery  <i>3/8/06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Clerk, U. S. District Court  Northern District of Alabama  United States District Court  Hugo L. Black U. S. Courthouse  1729 5th Avenue North, Room 140  Birmingham, AL 35203</p>	<p>3. Service Type</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Certified Mail</div> <div style="width: 50%;"><input type="checkbox"/> Express Mail</div> <div style="width: 50%;"><input type="checkbox"/> Registered</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Return Receipt for Merchandise</div> <div style="width: 50%;"><input type="checkbox"/> Insured Mail</div> <div style="width: 50%;"><input type="checkbox"/> C.O.D.</div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p>	<p><i>2:06cv132 (entire file transferred)</i></p>
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>PS Form 3811, February 2004</div> <div>Domestic Return Receipt</div> <div>7005 1160 0001 2962 3434</div> <div>2595-02-M-1540</div> </div>	